POLICY AND COMMUNICATIONS BULLETIN
THE CLINICAL CENTER

Medical Administrative Series

M94-2 (rev.) 18 July 2000

MANUAL TRANSMITTAL SHEET

SUBJECT: Critical Care Medicine Department
Pediatric Admission Policy

1. Explanation of Material Transmitted: This bulletin transmits the policy of the Clinical Center regarding guidelines for the admission of pediatric patients to the Critical Care Medicine Department. The policy was reviewed by the Medical Executive Committee on 18 July 2000 and approved with minor changes.

2. Material Superseded: MAS No. 94-2 (rev.), dated 9 September 1997

3. Filing Instructions: "Other" Section

   Remove: No. 94-2 (rev.), dated 9 September 1997

   Insert: No. M94-2 (rev.), dated 18 July 2000

DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in Patient Care

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SUBJECT: Critical Care Medicine Department
Pediatric Admission Policy

PURPOSE

The purpose of this issuance is to establish standard guidelines for pediatric admissions to the Intensive Care Unit of the Clinical Center's Critical Care Medicine Department.

POLICY

Pediatric patients will be admitted to the Intensive Care Unit of the Critical Care Medicine Department according to standard guidelines as described in this issuance.

CONSIDERATIONS

Any pediatric patient who, in the judgment of the referring physician, requires or would benefit from special monitoring or advanced life support is eligible for admission to the Intensive Care Unit ("the unit") of the Critical Care Medicine Department (CCMD). All potential admissions must be initially evaluated by the Critical Care Fellow on call for the day. The fellow will then reevaluate the patient with the CCMD attending physician and make a recommendation to the referring physician(s) either to admit the patient to the unit or to manage the case on the patient care unit. If, in the opinion of CCMD senior staff, the patient would be best served by transfer to a hospital with special expertise not available at the CC, then that transfer will be arranged after discussion with the referring physician(s).

The unit will provide respiratory, hemodynamic, neurologic, and metabolic monitoring with expert nursing supervision and skilled therapist support for any potentially life-threatening problem. Any pediatric patient who requires special monitoring for

a research protocol will also be eligible for unit admission based on bed availability. Once the patient is admitted for pediatric intensive care, the CCMD attending physicians will assume total responsibility for the patient's care. Major decisions will be made after discussion with the referring physician(s) as well as with other consultants. However, responsibility for admission, orders, procedures, and discharge will be held by CCMD.

The highest priority for unit admission will be given to any pediatric patient within the National Institutes of Health's Clinical Center who has an immediate, life-threatening, potentially reversible illness (e.g., respiratory failure, shock, or severe metabolic derangement). Only when specific or unique patient care services cannot be provided by the Clinical Center, will the patient be transferred to a tertiary care center, such as Children's National Medical Center, for further management. This would occur only with concurrence of the patient's primary Institute physician.

Severely ill patients with potentially life-threatening illnesses will receive the next priority for admission to the intensive care unit. Such conditions include severe infections, deteriorating pulmonary status, ongoing or developing metabolic abnormalities (such as tumor lysis syndrome), bleeding, or changing neurologic status. These patients would be managed in the unit as long as beds are still available for those highest priority patients with acute, life-threatening illness.

Pediatric post-operative patients requiring intensive care monitoring or observation will be admitted to and managed in the Intensive Care Unit of the Clinical Center. Pediatric patients participating in research protocols that require advanced hemodynamic monitoring or special invasive procedures (e.g., broncoscopy) will be scheduled for admission to the unit when a bed is available. No patient will be refused admission to the unit because of a "Do Not Resuscitate" status. No patient will necessarily be discharged from the unit because of a change in resuscitation status.

Any physician planning to admit a pediatric patient to the Clinical Center or CCMD should plan ahead to ascertain that appropriate support resources are available in the Clinical Center before the patient arrives on the NIH campus.